STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155436	A. BUILDING 01 B. WING	07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT WINAMAC	515 E 13TH ST WINAMAC, IN46996

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/29/11 Facility Number: 000414 Provider Number: 155436 AIM Number: 100288550 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, Hickory Creek at Winamac was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility was determined to be of Type II (222) construction and was fully sprinklered. The facility	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Single station smoke detectors were located in resident rooms. The facility has the capacity for 36 and had a census of 31 residents at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/02/11. The facility was found not in compliance with the aforementioned requirements as evidenced by:			
K0048 SS=F	There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to include the evacuation of the smoke compartment in the written fire plan for the protection of 31 of 31 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms	K0048	How will corrective action be accomplished for those residents found to have been affected by the deficient practice.No residents found to have been affected by the deficient practice. The policy and procedure for fire was been changed to read E-Evacuate/Extinguish in the RACE program. The words "small fire" have been removed from the policy. In the event of a fire all residents will be moved from one smoke compartment to another	08/22/2011

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	(2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice could affect all occupants. Findings include: Based on review of the Fire Policy and Procedure and Skilled Nursing Care Evacuation Procedure with the maintenance director on 07/29/2011 at 1:30 p.m., the evacuation plan did not address internal evacuation from one smoke compartment to another. Internal evacuation in the evacuation plan refers to evacuation to "another part of the building" rather than another smoke compartment separated by smoke barrier doors. The maintenance director said at the time of record review the evacuation and fire drill training included this procedure but		smoke compartment seperated by smoke barrier doors. The policy and procedure changes made by the administrator. This facility will continue to attempt to have a trained fire fighter inservice staff.Compleation date 8/22/2011.How will the facility identify other residents having to potential to affected by the same deficient practice?All 31 residents could have been affected by the same deficient practice.What measure will be put into place or systematic changes made to ensure that the deficient practice will not recur?All staff to be inserviced by the maintainence manager regarding the changes to the policy and procedure.Compleation date 8/22/2011How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?All new staff to have fire and safety inservice with general orientation and fire policy will reviewed each year or as needed for updates.	

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	agreed it was not a part of the written record. Based on review of the Fire Policy and Procedure with the maintenance director on 07/29/2011 at 1:30 p.m., the procedure noted: "E-Extinguish if a fire is small" and the procedure for using a fire extinguisher. The maintenance director agreed at the time of record review, staff were not trained fire fighters in identifying the extent of fire and their training did not include competency or use of fire extinguishers. 3.1-19(b)			